|                                                                                                                                                                                    |                                                |                                 |                                       |                           |                         |                                              |               | Application or Docket Number |                        |                                                              |                     |                        |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------|---------------------------------------|---------------------------|-------------------------|----------------------------------------------|---------------|------------------------------|------------------------|--------------------------------------------------------------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECO<br>Effective October 1, 2003                                                                                                             |                                                |                                 |                                       |                           |                         |                                              |               | 10697848                     |                        |                                                              |                     |                        |  |
| CLAIMS AS FILED - PART I                                                                                                                                                           |                                                |                                 |                                       |                           |                         |                                              |               | <del>l</del>                 | / • •                  | 2 /                                                          |                     |                        |  |
|                                                                                                                                                                                    |                                                | _                               | n_1)                                  |                           |                         |                                              | SMALL<br>TYPE | ENTITY                       | OR                     | OTHER THAN SMALL ENTITY                                      |                     |                        |  |
| TOTAL CLAIMS                                                                                                                                                                       |                                                |                                 | 26                                    |                           | -                       |                                              | <u> </u> -    | RATE                         | FEE                    | 7                                                            | RATE                | FEE                    |  |
| FOR                                                                                                                                                                                |                                                |                                 | NUMBER FILED                          |                           | NUMBER EXTRA            |                                              |               | BASIC F                      | EE 385.0               | OR                                                           | BASIC FEE           | 770.00                 |  |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                            |                                                |                                 | 2.6 minus 20=                         |                           | * 6                     |                                              |               | X\$ 9=                       | - SÝ                   | OR                                                           | X\$18=              |                        |  |
| INDEPENDENT CLAIMS                                                                                                                                                                 |                                                |                                 | minus 3 =                             |                           |                         |                                              |               | X43=                         | 43                     | OR                                                           | X86=                |                        |  |
| MU                                                                                                                                                                                 | ILTIPLE DEPE                                   | NDENT CLAIM P                   | RESENT                                |                           |                         |                                              |               | +145=                        |                        | OR                                                           | +290=               |                        |  |
| * If                                                                                                                                                                               | the difference                                 | e in column 1 is                | less than zero, enter "0" in column 2 |                           |                         |                                              |               | TOTA                         | - 1/8 7                | OR                                                           | TOTAL               |                        |  |
| CLAIMS AS AMENDED - PART II                                                                                                                                                        |                                                |                                 |                                       |                           |                         |                                              |               |                              | <del></del>            |                                                              | OTHER               |                        |  |
|                                                                                                                                                                                    |                                                | (Column 1)                      | (Column 2) (                          |                           |                         | (Column 3)                                   | , ,           | SMAL                         | L ENTITY               | OR                                                           | SMALL               | ENTITY                 |  |
| AMENDMENT A                                                                                                                                                                        |                                                | REMAINING<br>AFTER<br>AMENDMENT |                                       | NUME<br>PREVIO<br>PAID F  | BER<br>OUSLY            | PRESENT<br>EXTRA                             |               | RATE                         | ADDI-<br>TIONAI<br>FEE | -                                                            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                    | Total                                          | *                               | Minus                                 | **                        |                         | =                                            |               | X\$ 9=                       |                        | OR                                                           | X\$18=              |                        |  |
| AME                                                                                                                                                                                | Independent                                    | *                               | Minus                                 | ***                       | 01.411.4                | <u>                                     </u> |               | X43=                         |                        | OR                                                           | X86=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                     |                                                |                                 |                                       |                           |                         |                                              | ]             | +145=                        |                        | OR                                                           | +290=               |                        |  |
| 8,15,21                                                                                                                                                                            |                                                |                                 |                                       |                           |                         |                                              | į             | TOTA                         |                        | $\mathbf{H}_{\mathbf{a},\mathbf{b}}^{\mathbf{a},\mathbf{b}}$ | TOTAL<br>ADDIT. FEE |                        |  |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                   |                                                |                                 |                                       |                           |                         |                                              |               | ADDIT. FE                    | t <b>L</b>             |                                                              | ADDII. FEE          |                        |  |
| NDMENT B                                                                                                                                                                           |                                                | CLAIMS<br>REMAINING             |                                       | HIGHE                     | ST                      |                                              | 1 [           |                              | ADDI-                  | 7 1                                                          |                     | ADDI-                  |  |
|                                                                                                                                                                                    |                                                | AFTER<br>AMENDMENT              |                                       | PREVIO<br>PAID F          | USLY                    | PRESENT<br>EXTRA                             |               | RATE                         | TIONAL<br>FEE          |                                                              | RATE                | TIONAL<br>FEE          |  |
|                                                                                                                                                                                    | Total                                          | *                               | Minus                                 | **                        |                         | =                                            |               | X\$ 9=                       |                        | OR                                                           | X\$18=              |                        |  |
| AME                                                                                                                                                                                | Independent                                    | *                               | Minus                                 | ***                       | 01.4114                 | =                                            | <b>!</b> [    | X43=                         |                        | OR                                                           | X86=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                     |                                                |                                 |                                       |                           |                         |                                              |               | +145=                        |                        | OR                                                           | +290=               |                        |  |
|                                                                                                                                                                                    |                                                |                                 |                                       |                           |                         |                                              | L             | TOTA                         |                        | 1,,,,,                                                       | TOTAL               |                        |  |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                   |                                                |                                 |                                       |                           |                         |                                              |               | NDDIT. FEI                   | <u> </u>               | <b>_</b>                                                     | ADDIT. FEE          |                        |  |
| $\Box$                                                                                                                                                                             | `                                              | CLAIMS                          |                                       | HIGHE                     | ST                      |                                              | lr            |                              | LADDI                  | 1 r                                                          |                     | ADDI                   |  |
| AMENDMENT C                                                                                                                                                                        |                                                | REMAINING<br>AFTER<br>AMENDMENT |                                       | NUMB<br>PREVIOI<br>PAID F | USLY                    | PRESENT<br>EXTRA                             |               | RATE                         | ADDI-<br>TIONAL<br>FEE |                                                              | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                    | Total                                          | *                               | Minus                                 | **                        |                         | =                                            |               | X\$ 9=                       |                        | OR                                                           | X\$18=              |                        |  |
| ME                                                                                                                                                                                 | Independent                                    | *                               | Minus                                 | ***                       |                         | =                                            | ╽┟            | X43=                         | <u> </u>               | 1 1                                                          | X86=                |                        |  |
|                                                                                                                                                                                    | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                 |                                       |                           |                         |                                              | ┞             |                              | <del> </del>           | OR                                                           | 700-                |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 2                                                                                               |                                                |                                 |                                       |                           |                         |                                              |               |                              |                        | OR                                                           | +290=               |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |                                                |                                 |                                       |                           |                         |                                              |               |                              |                        | OR A                                                         | TOTAL<br>DDIT. FEE  |                        |  |
| T                                                                                                                                                                                  | he "Highest Num                                | ber Previously Paid             | For" (Total or                        | Independer                | iess (nai<br>nt) is the | highest number                               | r four        | nd in the a                  | opropriate bo          |                                                              |                     |                        |  |